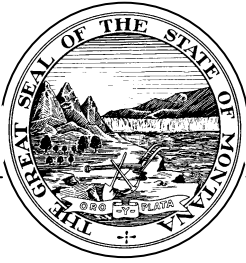


DEPARTMENT OF ADMINISTRATION
DIVISION OF BANKING AND FINANCIAL INSTITUTIONS



BRIAN SCHWEITZER
GOVERNOR

ANNIE M. GOODWIN
COMMISSIONER

STATE OF MONTANA

301 SOUTH PARK, SUITE 316
Helena, MT 59601

CSBS ACCREDITED 2004
(406) 841-2920
(406) 841-2930 FAX

MEMORANDUM

TO: Montana Consumer Loan Licensees

FROM: Department of Administration
Division of Banking and Financial Institutions

DATE: October 12, 2009

RE: 2010 Annual License Renewal

Montana law requires that Consumer Loan Licenses be renewed annually. **Renewal forms must be received no later than December 1, 2009.** Enclosed is the 2010 renewal application form. Complete in full and return to the Division with the \$500.00 renewal fee, payable to the State of Montana.

It is the responsibility of each licensee to accomplish renewal of its license. **Failure to return completed renewal form by December 1, 2009 will result in non-renewal of the license.** Additionally, you will be required to submit a new application with appropriate fees and go through the application process to resume business. Please be advised that any activity that may occur after license expiration would be a violation of state law.

If you have any questions, please contact Donna Zollinger or Linda Leffler at:

Telephone No. - 406-841-2920

Fax No. - 406-841-2930

E-Mail - dzollinger@mt.gov or lleffler@mt.gov

Return to:

Regular Mail

Division of Banking and Financial Institutions
P.O. Box 200546
Helena, MT 59620-0546

Overnight Mail

Division of Banking and Financial Institutions
301 South Park, Suite 316
Helena, MT 59601

**2010 APPLICATION
CONSUMER LOAN LICENSE RENEWAL**

License Number _____

Date _____

To: Department of Administration
Division of Banking and Financial Institutions
P.O. Box 200546
301 South Park, Suite 316
Helena MT 59620-0546

I hereby affirm the following:

1. The undersigned will continue the business of Consumer Loans during the year 2010 and hereby applies for a license. The license fee of \$500.00 is enclosed.
2. The Division of Banking and Financial Institutions (Division) has been notified of changes in personnel, ownership, or office location during the current year. (Attach information if applicable.)
3. Daily operation of our office has been and will continue to be in accordance with the provisions of the Montana Consumer Loan Act (Act) and Administrative Rules 2.59.301 through 2.59.308 (Administrative Rules). I acknowledge that I have read and understand the Act and Administrative Rules and will share these regulations with our employees to be in compliance at all times. Please be advised that copies of the Act and administrative rules are available upon request by contacting the Division at (406) 841-2920 or online at <http://banking.mt.gov/consumerloan.asp>.
4. Corrections and adjustments required as a result of an examination conducted by the Division have been made.

Licensee Name _____

Address _____

Phone _____

Fax _____

Email _____

Home Office Address _____

Phone _____

Fax _____

If not located in Montana, name and address of Montana Registered Agent:

In witness whereof I hereby certify the above information is true, correct, and complete in every respect, to the best of my knowledge and belief.

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____

The following must be completed by a Notary:

State of _____)

)

County of _____)

Before the undersigned, a Notary Public, personally appeared:

the authorized official of this licensee, to me known, who acknowledged that they executed the foregoing renewal application for the purpose therein mentioned on _____ (date).

(Signature of notarial officer)

(Name – typed, stamped or printed)

(Title and Rank)

(Residing at)

My commission expires: _____

(Seal, if any)